PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	form should be used a correspondence including the below or directed of ations.	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by (should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	DENCE ADDRESS (Note: Use B	lock 1 for any change of address)	Fee((s) Transmittal. This ce	rtificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must
27195	7590 11/05	5/2007		•		
24TH FLOOR, 1900 EAST NI			I he Stat addr trans	reby certify that this Forms of the Postal Service with ressed to the Mail Stommitted to the USPTO (ate of Mailing or Transe(s) Transmittal is being sufficient postage for fire postage for fire postage for FEE address 571) 273-2885, on the contract of the form o	imission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
CLEVELAND,	OH 44114		LJ	essica Sexton		(Depositor's name)
			/J	essica Sexton/		(Signature)
			De	ecember 5, 2007	7	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/808,064	03/24/2004		David E. Heckerman	MS7	7398.05/MSFTP357USE	3 4192
TITLE OF INVENTIO CLUSTER CLASSIFIC		ACCOMPANYING M	ETHODS FOR VISUALIZ	ZING CLUSTERS OF	DATA AND HIERA	RCHICAL
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/05/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
ALAM, SHAHID AL 2162			707-101000			
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Amin, Turocy & Calvin, LL			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternativ	OR, alternatively,		
"Fee Address" ind	lication (or "Fee Address 02 or more recent) attach	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)		
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	data will appear on the pa of a substitute for filing an	atent. If an assignee is assignment.	identified below, the d	ocument has been filed for ,
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	-		
Microsoft Con	rporation		Redmond, WA	<u>.</u>		
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual Corpor	ation or other private gro	oup entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	se first reapply any pi	reviously paid issue fee	shown above)
Issue Fee	To amount and the Control	(44 - 45)	A check is enclosed.	LE DEC COCC		
Advance Order -	No small entity discount p	permitted)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1063 (enclose an extra copy of this form).			
Advance Order -	wor copies		overpayment, to Depos	sit Account Number	50-1063 (enclose a	n extra copy of this form).
	tus (from status indicated is SMALL ENTITY state	•	☐ b. Applicant is no long	ger claiming SMALL E	NTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a registere	d attorney or agent; or th	ne assignee or other party in
Authorized Signature	Authorized Signature /Himanshu S. Amin/			DateI	December 5, 200	7
Typed or printed name Himanshu S. Amin				Registration No.	10,894	
This collection of inform an application. Confiden	nation is required by 37 C tiality is governed by 35	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or re 1.14. This collection is esti	etain a benefit by the primated to take 12 minu	ablic which is to file (and tes to complete, including	d by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.